

Welcome

to the 2011 Victim Services
Grant Solicitation Workshop



SC Department of Public Safety
Office of Justice Programs



OJP Staff

Victim Services Grant Section

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Victims of Crime Act (VOCA)

**FFY2011 & Reverted
Funds total expected to be
\$6 million**

State Victims Assistance Program (SVAP)

**FY2012 total
expected to be \$500,000**
(and, unfortunately, only available
to continuation projects)

Violence Against Women Act (VAWA)

**FFY2011 total expected
to be \$2 million**

ELIGIBLE APPLICANTS for VOCA, VAWA & SVAP

- **Units of Local Government (Counties, Cities, Towns)**
- **Private, Non-Profit Agencies**
- **State Agencies**
- **Tribal Organizations**
 - **Check the guidelines and procedures for further eligibility.**

VOCA PRIORITY PROGRAM AREAS

- **Sexual Assault**
- **Spousal Abuse**
- **Child Abuse and Neglect**
- **Underserved Victims of Violent Crime**
- **Training**

SVAP PRIORITY PROGRAM AREAS

- **Sexual Assault**
- **Spousal Abuse / Transitional Housing**
- **Child Abuse and Neglect**
- **Underserved Victims of Violent Crime**
- **Training**

Violence Against Women Act (S.T.O.P.) Required Categories:

- **Prosecution 25%**
- **Law Enforcement 25%**
- **Direct Services 30% (out of which 10% must be awarded to culturally-specific, community-based organizations)**
- **Courts 5%**
- **Discretionary 15%**

Violence Against Women Act

➤ There are 13 priority purpose areas, which are listed on the OVW website.

<http://www.ovw.usdoj.gov>

➤ VAWA funds may be used for projects which are primarily focused on female victims of domestic violence, sexual assault and/or stalking over the age of 13.

VOCA IMPORTANT DATES

- VOCA Applications due
February 25, 2011, 5:00 p.m.
- Award/denial announcements mailed
June 2011
- Grant period begins July 1, 2011

SVAP/VAWA IMPORTANT DATES

- SVAP/VAWA Applications due May 18, 2011 by 5:00 p.m.
- Award/denial announcements mailed August 2011
- Grant periods begin October 1, 2011

VOCA/SVAP/VAWA REQUIREMENTS

- Applicants must reapply each year, regardless of prior year's funding.
- Under VOCA and SVAP, State and Local Units of Government are eligible to apply for up to five years of funding.
- Under VAWA, there is no time limit.

**Apply via our
Grants Management
Information System (GMIS)
located at**

www.scdps.org/ojp

**Click "OJP GMIS Logon" on the
right side of the page.**



OJP Links

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Grant Programs

- [Criminal Justice](#)
- [Juvenile Justice](#)
- [Victims of Crime](#)
- [Statistics Program](#)

Statistics

- [Statistical Services](#)

Welcome to the Office of Justice Programs website

[Applying Directly to the Dept. of Justice for Grants: **Grants 101**](#)

Criminal Justice

New -- [Justice Assistance Grant Applications Now Open](#)
Due Date: January 14, 2011

New -- [Justice Assistance Grant Solicitation Announcement 2011](#) (MS Word)

[Justice Assistance Grant Program State Strategy 2008-2011](#) (MS Word)

[Direct Awards from USDOJ](#)

[Bureau of Justice Assistance Grant Writing Manual for Awards direct from BJA.](#)

[1033 Program for Law Enforcement-](#) (PDF)
Contact State Coordinator Ronald Cathey at 803-896-7628 for details.

Very Important Changes for All Sub-grantees Click here.

OJP Quick Links

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Go to www.scdps.org/ojp


Log-on Screen



Login Name:

Password:

☐ Forgot Password



[Click here for Application Instructions for Web-Based Grant Management Information System](#)

Comments or Questions
([Office of Justice Programs](#); [Office of Highway Safety](#))

Creating Your User ID



OFFICE OF JUSTICE PROGRAMS

Enter the Email address and password you wish use to access the Grant Management System.

E-mail Address

victimadvocate@anyagency.org

Password

••••••••

Agency Name

Any Agency

Phone

555-555-5555

Create Account

Back

Registration Confirmation



OFFICE OF JUSTICE PROGRAMS

Thank you for registering with the Grants Management System.

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Log-on Screen



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E-mail Address

victimadvocate@anyagency.org

Password

Forgot Password

☐

[Click here for Application Instructions for Web-Based Grant Management Information System](#)

Submit

New Account

[Comments or Questions](#)

Forget Password ?



OFFICE OF JUSTICE PROGRAMS

E-mail Address

2007applicant@hopecounty.gov

Password

Forgot Password

☒

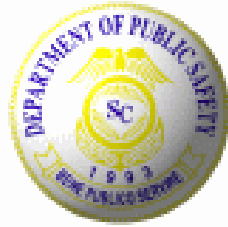
[Click here for Application Instructions for Web-Based Grant Management Information System](#)

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Comments or Questions



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Initial Work Screen



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Grant #	Application #	Status	Department	Grantor	Match	Total	Submitted
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Select [New Application](#) to add a Grant to this Masterlist.

Select application/program

GRAMS

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Please select an application to create...

[Formula Program 2007](#)

[State Victims Assistance Program \(SVAP\) 2007](#)

[Title V Program 2007](#)

[Victims of Crime Act \(VOCA\) 2007](#)

[Violence Against Women Act \(VAWA\) 2007](#)



New Application



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Grant #	Application #	Status	Department	Grantor	Match	Total	Submitted
	T07090	Edit - Not Submitted	Victims of Crime Act (VOCA) 2007	36544	9136	45680	
	T07091	Edit - Not Submitted	State Victims Assistance Program (SVAP) 2007				

Select the folder icon (far right each line) to work on that item.

Opened Folder

PROGRAMS

[New Application](#)[Help](#)[User Information](#)[Master List](#)[Logoff](#)

Grant Number:

Application Number:

T07090

Version:

Original



Create Revision

Program Area:

DCSIP

County:

RICHLAND

Begin Date:

7/1/2007

Ending Date:

6/30/2008

Project Title:

Domestic Violence Counselor

Submitted Date:

Edit Application

Submit Application

Master List

Application Entry



Violence Against Women Act (VAWA) 2007

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Print This Page	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29		Print Application
STATE OF SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY S.T.O.P. VIOLENCE AGAINST WOMEN ACT GRANT APPLICATION			
Grant # <input type="text"/>			
App # <input type="text" value="T07394"/>			
To Be Completed by Project Director			
Section 1			
County Name: <input type="text" value="42 - SPARTANBURG"/>			
Section 2			
Grant Period: <input type="text" value="10/1/11-09/30/12"/>			
Begin: <input type="text" value="10/1/11"/>			
End: <input type="text" value="09/30/12"/>			
Section 3			
Project Title: <input type="text" value="Domestic Violence Counselor"/>			

Application Entry continued

Section 5

Type of Application

a. Continuation

b. Year of Funds : 2

Other:(Specify)

c. Reimbursable

Section 6

a. Organization Type : State

Other:(Specify)

b. U. S. Congressional District 00

Section 7

Agency DUNS number*:
(www.dunandbradstreet.com)

Has your agency registered with Central
Contractor Registration (CCR)?*
(www.ccr.gov)

☐ Yes

☐ No

For **Central Contractor Registration (CCR) handbook** [click here](#).

*This data is not required to submit this application but will become necessary for federal reporting requirements if this project is awarded.

FEIN: 57-6000286

FEIN:

Add Item

Agency Name South Carolina Department of Public Safety /

Address Post Office Box 1993

City Blythewood



Application Entry continued

COMPLETE PAGES 2&3 BEFORE COMPLETING THIS SECTION			
Section 8			
BUDGET			
Use whole dollars only (For example: \$1,500 not \$1,500.00)			
a. BUDGET CATEGORIES	GRANTOR	AGENCY MATCH	TOTAL
Personnel	<input type="text" value="\$24,366"/>	<input type="text" value="\$6,091"/>	<input type="text" value="\$30,457"/>
Contractual Services	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Travel	<input type="text" value="\$6,000"/>	<input type="text" value="\$1,500"/>	<input type="text" value="\$7,500"/>
Equipment	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Renovation/Construction	N/A	N/A	N/A
Other	<input type="text" value="\$4,161"/>	<input type="text" value="\$1,042"/>	<input type="text" value="\$5,203"/>
TOTAL:	<input type="text" value="\$34,527"/>	<input type="text" value="\$8,633"/>	<input type="text" value="\$43,160"/>
b. PERCENTAGE	80%	20%	100%

Section 9	
APPROPRIATION OF NON-GRANTOR MATCHING FUNDS	
State	<input type="text" value="State"/>
Other (Explain):	<input type="text" value=""/>

Save & Close	
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>	
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PrintApplication	

Entering Information

Close	<	Pages	>	Cancel
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WHOLE DOLLARS ONLY	BUDGET DESCRIPTION	Page 2
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MATCHING FUNDS	GRANTOR	CASH	IN-KIND	TOTAL
CATEGORIES				

PERSONNEL

SALARIES	% of Time	Quantity	GRANTOR	CASH	IN-KIND	TOTAL
Position Title	On Project					
DV Counselor	100	1	\$24,000	\$6,000	\$0	\$30,000
<input type="button" value="Add New"/>						
TOTAL SALARIES:			\$24,000	\$6,000	\$0	\$30,000

EMPLOYER CONTRIBUTIONS (Fringe Benefits)

Social Security & Medicare (FICA)	\$1,836	\$459	\$0	\$2,295
Retirement	\$2,472	\$618	\$0	\$3,090
Worker's Compensation Insurance	\$1,015	\$254	\$0	\$1,269
Unemployment Insurance (on first \$7,000 only)	\$400	\$100	\$0	\$500
Health Insurance	\$0	\$0	\$0	\$0
Dental Insurance	\$0	\$0	\$0	\$0
Pre-Retirement Death Benefit	\$0	\$0	\$0	\$0
Accident Death Benefit (Police Officers)	\$0	\$0	\$0	\$0
Other Employer Contributions (Itemize)	\$0	\$0	\$0	\$0
TOTAL EMPLOYER CONTRIBUTIONS:	\$5,723	\$1,431	\$0	\$7,154
TOTAL PERSONNEL:	\$29,723	\$7,431	\$0	\$37,154

Application Entry continued



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Victims Of Crime Act (VOCA) 2007

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[17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#), [25](#), [26](#), [27](#), [28](#), [29](#)[Print Application](#)

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PROGRAM NARRATIVE

VI. PROJECT DESCRIPTION: The purpose of this section is to describe the broad goals of your program. In addition, describe a specific plan for conducting the program and a rationale for the tasks and activities to be employed to address the problem outlined in Section IV. Please outline in detail your overall program so that it is very clear to the reader what you plan to do. This documentation should include all activities from the time you initiate identifying the client to the job descriptions of all positions being funded by VOCA.

Hope Shelter is the only non-profit, non-governmental direct service provider in Richland County. Many of our clients are victims of sexual assault as well as domestic violence. This indicates a need for additional crisis intervention and referral services for victims of sexual abuse in these areas. Hope Shelter would like to provide those services as part of an overall plan to integrate services for victims of interpersonal violence at one location. In order to keep costs down, and grant access to the greatest number of victims possible, Hope Shelter proposes to house a domestic violence counselor in the shelter. Because of the high incidence of assaults during the evening hours, Hope Shelter proposes having the counselor's hours be during this time. This will allow the victims immediate access during the hours when an assault is statistically likely to occur, and before the victim reconsiders her decision to report. During initial intake from the crisis line or walk-in, the advocate or the volunteer who takes the call will perform the initial screening. Should the intake staff have any suspicion of a need for the domestic violence counselor, they will call the advocate in for staffing. The counselor then will work in tandem with all domestic violence shelter personnel to continue screening and assessment of the victim for evidence of an assault. With the victim's consent, the advocate will then refer to law enforcement, forensic examiners, or whatever services are deemed necessary by the victim advocate. The victim also will have access to counseling, transportation, legal advice and representation, all with the support and guidance of the advocate.


Attachments



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Grant Number:		
Application Number:	T07380	
Version:	<input type="text" value="Original"/>	<input type="button" value="Create Revision"/>
Program Area:	DCSIP	
County:		
Begin Date:		
Ending Date:		
Project Title:		
Submitted Date:		
Attachments:	0	

Attachments



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Total number of attachments: 0

Close

	Attachment Name	File Name	Date Uploaded	
No attachments found.				

Attachment Name:

File Name:

Browse...

Add Attachment

The maximum size of the attachment that can be uploaded is 1.00 MB.

The maximum number of the attachments that can be uploaded is 10.

Application Folder After Entry



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Grant Number:

Application Number:

T06301

Version:

Original



Create Revision

Program Area:

DCSIP

County:

RICHLAND

Begin Date:

7/1/2007

Ending Date:

6/30/2008

Project Title:

Gangs and Guns --Oh My !!

Submitted Date:

Attachments:

0



Edit Application

Submit Application

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Submit Application

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S.T.O.P. VIOLENCE AGAINST WOMEN ACT GRANT CERTIFICATIONS

CHECK LIST

THE FOLLOWING IS A CHECKLIST FOR THE ORGANIZATION SUBMITTING THE PROPOSAL.

- ☐ Proposal addresses one of the priority areas.
- ☐ Documentation is included that existing program provides effective services and has adequate financial support.
- ☐ Documentation is included that project utilizes volunteers, and states approximate number of volunteers currently working.
- ☐ Documentation clearly outlines significant involvement in coordinating services with all other applicable victim organizations.
- ☐ All appropriate signatures for the proposal have been obtained. Each of the three different official people have listed three different addresses and emails.
- ☐ **Proposal is received by 5:00 pm of due date.**
- ☐ Proposal outlines that an evaluation of victims' needs in a particular community has been or will be conducted.
- ☐ Letter from Board Chairman is included, if private non-profit.
- ☐ Organizational Chart is included.
- ☐ IRS written certification is included.
- ☐ Terms and Conditions pages have been read.
- ☐ Objectives state who, will do what, by when and, also state the approximate number of victims and/or trainees who will receive services through this project.
- ☐ Statements made in "Problem Definition" section are documented with current, valid, statistical data, outlining the source/date of the information provided.
- ☐ "Source of Income" page is complete with all requested information, showing total agency income and budget, including, but not limited to, victim assistance funding.
- ☐ Job description(s) for staff/volunteer(s) who will be funded by this project, or a job description of the person using the equipment purchased by this project (if this is an equipment-only grant), is included in the proposal.
- ☐ A copy of agency Victim Services and Administrative Standards Policy and Procedures is available for review.

Master List (Multiple Grants)



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Grant #	Application #	Status	Department	Grantor	Match	Total	Submitted	
1D06002	AD06004	Locked - Submitted	Justice Assistance Grant (JAG) 2006	10000	1	250000	10/26/2005 2:53:00 PM	
1D06014	AD06004-1	Edit - Not Submitted	Justice Assistance Grant (JAG) 2006	10000	1	250000		
1D06015	AD06005	Locked - Submitted	Justice Assistance Grant (JAG) 2006	1000	3	1003	10/26/2005 3:03:00 PM	
1D06004	AD06006	Locked - Submitted	Justice Assistance Grant (JAG) 2006	299	1	300	10/26/2005 3:07:00 PM	
1D06016	AD06006-1	Edit - Not Submitted	Justice Assistance Grant (JAG) 2006	299	1	300		
	AFS06001	Locked - Submitted	Justice Assistance Grant (JAG) 2006	57470	19156	76626	10/5/2005 1:59:00 PM	
1G06002	AG06002	Locked - Submitted	Justice Assistance Grant (JAG) 2006	0	0	0	10/31/2005 9:57:00 AM	
1G06003	AG06003	Locked - Submitted	Justice Assistance Grant (JAG) 2006	0	0	0	10/31/2005 10:02:00 AM	
	T04371	Edit - Not Submitted	Local Law Enforcement Block Grant	0	0	0		


Select the folder icon (far right each line) to work on that item.


Application Folder After Submit

OF PROGRAMS

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Grant Number:	
Application Number:	AFS06001
Version:	<input type="text" value="Original"/> 
Program Area:	DCSIP
County:	RICHLAND
Begin Date:	7/1/2006
Ending Date:	6/30/2007
Project Title:	Criminal Domestic Violence Investigator
Submitted Date:	10/5/2005 1:59:00 PM

[Review Application](#)

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Program Narrative

- This is where you will describe what your idea is, and how you will implement it.
- We will be going over each of the sub-sections within the Program Narrative.



Victims Of Crime Act (VOCA) 2009

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PROGRAM NARRATIVE

1. ORGANIZATION DESCRIPTION: Describe your organizational activities. A copy of your organizational chart, organizational structure, agency/program brochure, relevant job descriptions, etc. must be submitted. All organizations must justify and document how they currently/or plan to provide effective services to victims. For an existing program, describe your past success with victims. If your organization is new, provide information that your organization is structured and well organized in both fiscal and programmatic areas.

TYPE OF IMPLEMENTING AGENCY:

County/Countries Implementing Agency

Serves:

County/Countries this Project will Serve:



Check spelling



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Program Narrative Sub-sections

Section I. Organization Description

- Describe your agency's organizational structure.
- What services does your agency provide?
- When was your agency established?
- Do you have a 24 hour hotline?
- Is your agency open for services 24/7/365?
- Does your agency director answer to a board?

* Additionally, please upload an organizational chart at the end of the grant application.

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PROGRAM NARRATIVE

II. INTERAGENCY COORDINATION: Outline exactly how your agency promotes interagency coordination in public or private efforts to aid victims of crime. Document your involvement in victims of crime organizations, task forces, coordinating groups, etc. Also, define any procedures your organization has implemented or plans to assist victims seeking assistance through the victim's compensation fund and other related organizations or victim services. If your project is funded, you will be required to submit a Memorandum of Agreement. This document must be customized for your region and signed by all agencies listed on this page.

 [Check spelling](#) [Save & Close](#)

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Program Narrative Sub-sections

Section II. Interagency Coordination

➤ List the task forces, coordinating groups, crime victims' organizations (SCCADVASA, SCVAN, NOVA), etc. with which your agency is involved.

* Letters of support are no longer required. You will be required to submit a Memorandum of Agreement with the organizations you referred to in this section, if you are awarded grant funds.

Program Narrative Sub-sections

Interagency Coordination, cont'd

- Explain your agency's policy regarding informing clients of compensation they may be entitled to from the State Office of Victim Assistance (SOVA).

*** Federal guidelines mandate that all agencies receiving grant monies must inform clients of their eligibility for compensation benefits through SOVA.**

Victims Of Crime Act (VOCA) 2009

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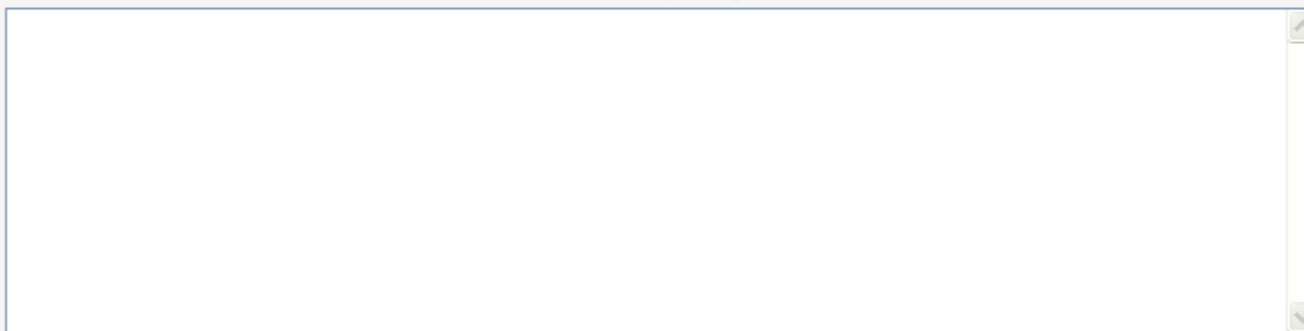
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PROGRAM NARRATIVE

III. VOLUNTEER COORDINATION: Outline your volunteer program, including any activities and illustrations on how the volunteer program is organized and coordinated. List the number of volunteers and how the volunteers are trained, including future plans. Attach any policies for volunteers at the end of this proposal. Even if volunteer hours are not being used as match, documentation of volunteer hours is required under the VOCA guidelines.

Indicate the number of active volunteers
who will participate with this project.

 [Check spelling](#) 

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12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22,

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Program Narrative Sub-sections

Section III. Volunteer Coordination

- The volunteer match amount is now \$20 per hour.
- VOCA requires a 20% cash or in-kind match, except for Native American Tribes/Organizations, which are required to match 5% cash or in-kind match.
- VAWA requires a 25% cash, or 30% in-kind match, except non-profit victims service agencies or tribal entities which are exempt from match requirements.

Section III. Volunteer Coordination (cont'd)

SVAP Match Requirements

1st Year—80% Grantor/20% In-Kind or Cash Match
2nd Year—80% Grantor/20% In-Kind or Cash Match
3rd Year—80% Grantor/20% Cash Match
4th Year—70% Grantor/30% Cash Match
5th Year & Beyond—50% Grantor/50% Cash Match

No match is required for training grants.

Program Narrative Sub-sections

Section III. Volunteer Coordination (cont'd)

- All projects must make a reasonable effort to obtain at least one volunteer, even if the project is using a cash match. (Interns count.)
- How many of them are you using for this project?
- How are they trained?
- Are background checks conducted on each volunteer?
- Volunteer activities must meet program guidelines.

Victims Of Crime Act (VOCA) 2009

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Pages

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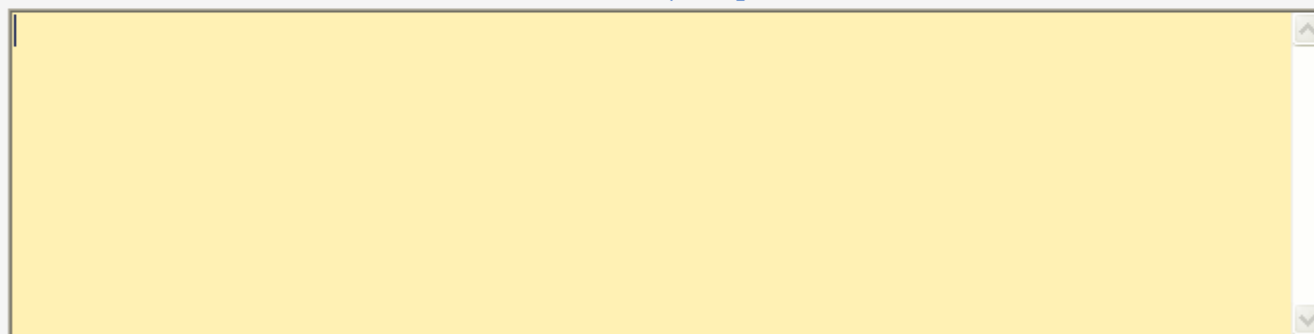
1, 2, 3, 4, 5, 6, 7, 8, 9, **10**, 11,
12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22,
23, 24, 25, 26, 27, 28, 29

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PROGRAM NARRATIVE

IV. PROBLEM DEFINITION: Describe the problem exactly as it exists in your particular community. The problem definition identifies the nature and magnitude of the specific problem that you wish to address through the proposed program. In addition, analyze the causes of the problem. Remember to document the problem and not the symptoms or solutions of the problem. Document any statements with valid, updated statistical data, outlining the source/date of your information. A needs assessment for victims of crime in your local area is recommended.

 [Check spelling](#) ▼[Save & Close](#)

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23, 24, 25, 26, 27, 28, 29

[Print Application](#)

Program Narrative Sub-sections

Section IV. Problem Definition

- What is the problem that exists in your community?
- What do you or other experts believe causes this problem?
- Give us proof: statistics, crime rate, accounts from reputable sources, incident reports, etc.
- Cite your sources.
- You can find statistics pertinent to SC at www.scdps.org/ojp under the statistics section.

V. VOCA GRANT STATISTICS:

A. THESE VOCA FUNDS WILL BE USED TO:

- ☐ Expand Services into a new geographic area
- ☐ Offer new types of services
- ☐ Serve additional victim populations
- ☐ Continue existing services to crime victims
- ☐ Other

Other:(Specify)

B. CHECK THE SERVICES TO BE PROVIDED BY THIS VOCA-FUNDED PROJECT:

- ☐ Crisis Counseling
- ☐ Information and Referral
- ☐ Follow-up Contact
- ☐ Criminal Justice Support/Advocacy
- ☐ Therapy
- ☐ Emergency Financial Assistance
- ☐ Group Treatment
- ☐ Emergency Legal Advocacy
- ☐ Crisis Hotline
- ☐ Assistance in Filing Compensation Claims
- ☐ Shelter/Safe House
- ☐ Personal Advocacy
- ☐ Other:(Specify)

PROGRAM AREA: Check the program area under which your organization is applying for funds.

PLEASE CHECK ONLY THE ONE THAT BEST DESCRIBES THIS GRANT'S PURPOSE.

- ☐ Sexual Assault
- ☐ Domestic Violence
- ☐ Child Victims
- ☐ Previously Underserved Victims of Violent Crime
- ☐ Other Violent and Serious Crime/Comprehensive Multiple Services

D. IDENTIFY THE VICTIMS TO BE SERVED BY THE TYPE OF VICTIMIZATION THROUGH THIS VOCA FUNDED PROJECT.

- ☐ Child Victims of Physical Abuse
- ☐ Child Victims of Sexual Abuse
- ☐ Victims of DUI/DWI
- ☐ Victims of Domestic Violence
- ☐ Adult Victims of Sexual Assault
- ☐ Adult Survivors of Incest or Child Sexual Abuse
- ☐ Survivors of Homicide Victims
- ☐ Other Victims of Crime (Identify):

E. Identify the counties
this project will serve:

F. Projected number of
victims this project will
serve:

Program Narrative Sub-sections

Section V. Grant Statistics

- In Sections A-D on this page, check the boxes that best fit your project.
- In Sections E & F, identify the counties the project will serve and the estimated number of victims who will be served during the course of the grant year.

Victims Of Crime Act (VOCA) 2009

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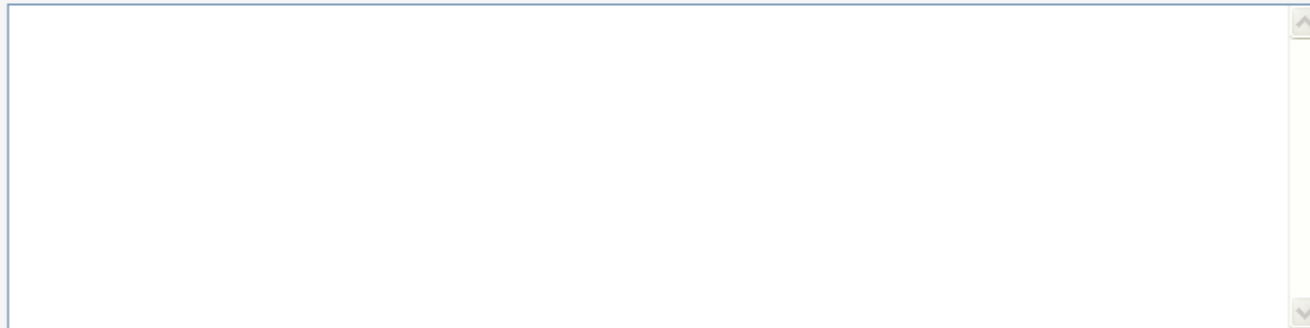
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Page 12

PROGRAM NARRATIVE

VI. PROJECT DESCRIPTION: The purpose of this section is to describe the broad goals of your program. In addition, describe a specific plan for conducting the program and a rationale for the tasks and activities to be employed to address the problem outlined in Section IV. Please outline in detail your overall program so that it is very clear to the reader what you plan to do. This documentation should include all activities from the time you initiate identifying the client to the job descriptions of all positions being funded by VOCA.

 [Check spelling](#) ▼



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Program Narrative Sub-sections

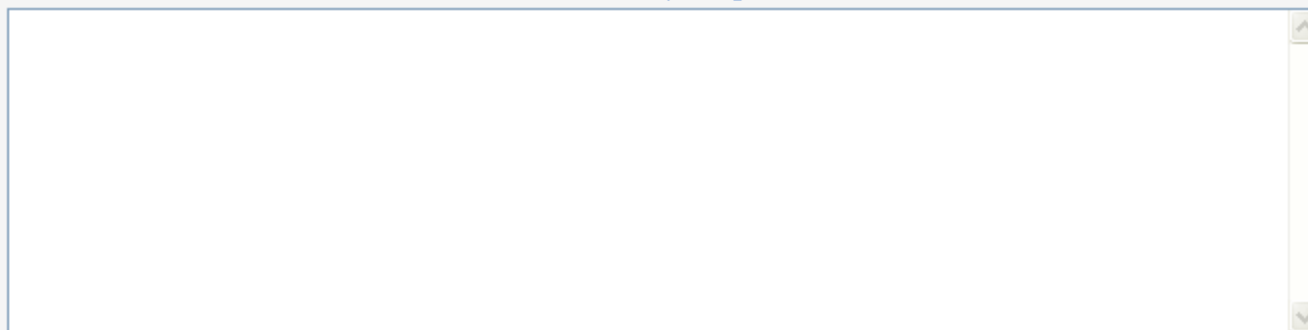
Section VI. Project Description

- Describe what you intend to do to solve the problem you identified in the Problem Definition.
- How will your idea solve the problem you identified in the Problem Definition?
- Include all of the elements of your proposed project: personnel, tasks, activities, etc.
- Don't forget to upload Job Descriptions for those a) funded under the project or b) those who will be using the equipment purchased (if you are applying for an equipment only grant.)

PROGRAM NARRATIVE

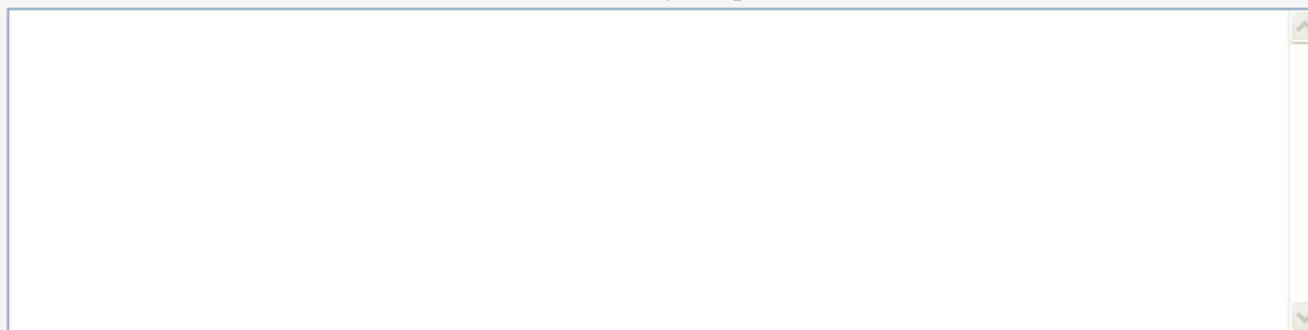
VII. PROJECT OBJECTIVES: Objectives are specific, quantified statements of expected results of the project. The objectives must be described in terms of measurable events that can be realistically expected under time constraints and resources. Objectives must be related to the problem(s) outlined in Section IV. They should describe who would do what. PLEASE DO NOT LIST ANY TASKS. There should be no more than five (5) objectives and indicators.

 [Check spelling](#) ▼



VIII. PERFORMANCE INDICATORS: Based upon your measurable objectives, state exactly how each objective will be measured. Performance Indicators should be matched to your specific objectives, in a one to one ratio. Performance Indicators are activities that evaluate and document your programs as to whether each activity was successful. For example, if you wanted to measure a training workshop, a Performance Indicator would be written evaluations to be completed by participants at the end of the conference, observation, and verbal feedback from the involved persons to independent third party observers who would be documented in an overall report.

 [Check spelling](#) ▼



Program Narrative Sub-sections

Section VII. Project Objectives and

Section VIII. Performance Indicators

(these sections should be done together)

- Who will be performing the services?
- What types of victims will you serve? How many? By when?
- Objectives are numbered, measurable events that detail who will do what by when.
- Performance Indicators state how each Objective will be measured, and are matched to each Objective in numeric order.
- How will you track services provided by this project?

Victims Of Crime Act (VOCA) 2009

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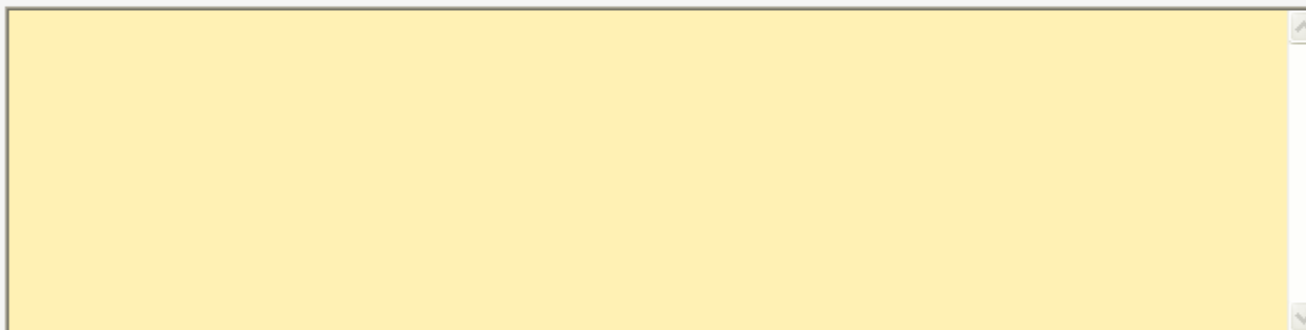
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PROGRAM NARRATIVE

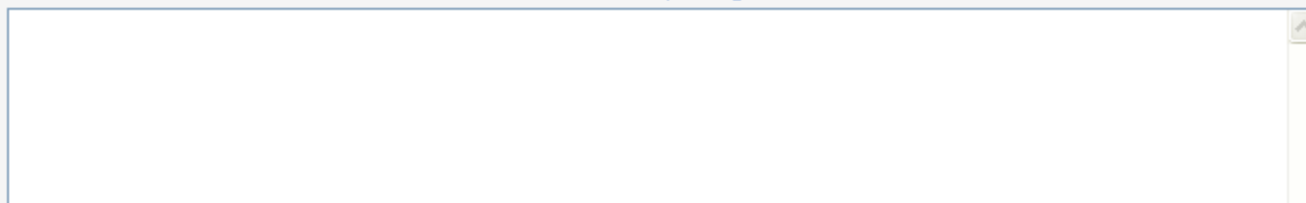
IX. PROJECT ASSESSMENT AND EVALUATION: In addition to performance indicators, describe any planned methods or measurement tools that will be used to demonstrate how project activities were successful.

 [Check spelling](#) ▼



X. PROJECT CONTINUATION: Do you feel that this project will be self-sufficient if federal assistance is no longer available? If no, please explain. Private non-profit agencies: 1) Are you receiving funds from City/County Council? If yes, how much will go toward the continuation of this project? If no, provide extensive, valid documentation that the project cannot be continued with other funding sources (other than these grant funds).

 [Check spelling](#) ▼



Program Narrative Sub-sections

Section IX. Project Assessment and Evaluation*

- Describe any planned methods or measurement tools that will be used to demonstrate how project activities were successful.
- Do you utilize client feedback surveys? Will you give pre- and post-tests during training sessions? If a needs assessment was conducted by your agency, how are you using the results?

*VAWA requires an outcome based evaluation plan upon award of grant funds. A United Way Outcome Measurement Form may be submitted instead.

Program Narrative Sub-sections

Section X. Project Continuation

- What will you do when grant funds are unavailable?
- Do you qualify for any other funding?
- Have you worked out a self-sustaining plan to support this project?
- Have you applied for city, county or private sources of income?

Victims Of Crime Act (VOCA) 2009

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Page 1

PROGRAM NARRATIVE

XI. SOURCES OF INCOME: List the total income your agency received in the previous fiscal year and is receiving or is expecting to receive in the current fiscal year. Complete ALL the information requested below, showing total budget, including but NOT limited to victim assistance funding. You must demonstrate that at least 25% of your agency's financial support comes from non-federal sources.

SOURCE OF FUNDS (e.g., DHEC, DSS)	TYPE OF FUNDS (e.g., local, state, federal VOCA, VAWA, SVAP, Act 141 funds)	TYPE OF PROGRAM ACTIVITIES (e.g., child abuse, domestic violence)	AMOUNT OF FUNDS PREVIOUS FISCAL YEAR	AMOUNT OF FUNDS CURRENT FISCAL YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<p><input type="button" value="Add New"/></p>				
TOTAL:			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

List any proposals or grant requests that you have submitted to any other agency that you anticipate receiving and that are not outlined above.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<p><input type="button" value="Add New"/></p>				
TOTAL:			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

Program Narrative Sub-sections

Section XI. Sources of Income

- List the TOTAL income your agency received (not just in your victim services section) in the previous fiscal year and is currently receiving, or is expecting to receive, in this current fiscal year.
- You must demonstrate that at least 25% of your agency's financial support comes from non-federal sources.

Victims Of Crime Act (VOCA) 2009



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IMPLEMENTATION SCHEDULE

Page 16

Implementation Tasks

Person Responsible

**Implementation Proposed
(Proposed Quarters)**

**Implementation Actual Time Frame
(Actual Dates)**

1

2

3

4

1

2

3

4

Date

Qtr

Qtr

Qtr

Qtr

Qtr

Qtr

Qtr

Qtr

The implementation schedule is intended to give our office a proposed list of activities planned, when they are to be implemented, and the person responsible. Exact dates are not necessary in the "Implementation Proposed Time Frame" section. Please use an "X" to denote which quarter you plan to implement the activity. This schedule will be used to reflect the actual activities, dates, etc. in the "Implementation Actual Time Frame" section when the grant project is monitored.



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Program Narrative Sub-sections

Project Implementation Schedule

- List each task to be performed during the project, the person responsible for making sure that task is completed, and the proposed time frame in which the task will be completed (using an X to mark the appropriate quarters.)
- Should your agency receive an award, you will copy this schedule for reproduction, and list the actual date that the task was completed.



Grants Accounting Staff

Stephen Fulmer, Director of Financial Information & Reporting

stephenfulmer@scdps.net

803-896-5457

Valerie Hunter, Grants Accounting Manager

valeriehunter@scdps.net

803-896-8408

Angela Brewbaker, Senior Accountant - VOCA

angelabrewbaker@scdps.net

803-896-7815

Lynne Medlin, Accounting Technician - VOCA

lynnemedlin@scdps.net

803-896-9355

Audrey Roberts, Senior Accountant - SVAP and VAWA

audreyroberts@scdps.net

803-896-8416

Review of Matching Requirements and Rules

Matching funds are additional funds not previously used for the activities funded under another grant.

Match funds cannot be other federal funds.

Review of Matching Requirements and Rules

Possible Sources of Cash Match:

Funds from states or local units of government that have a binding commitment to grant programs or projects.

Funds contributed from private sources.

Review of Important Grant Terms and Conditions

Review of Key Terms and Conditions

8. Non-Supplanting Agreement

The subgrantee shall not use grantor funds to supplant state or local funds or other resources that would otherwise have been made available for this program. Further, if a position created by a grant is filled from within, the vacancy created by this action must be filled.

Review of Key Terms and Conditions

20. Recording and Documentation of Receipts and Expenditures

Subgrantee's accounting procedures must provide for accurate and timely recording of receipt of funds by source, of expenditures made from such funds, and of unexpended balances. These records must contain information pertaining to grant awards, obligations, unobligated balances, assets, liabilities, expenditures and program income. Controls must be established which are adequate to ensure that expenditures charged to the subgrant activities are for allowable purposes.

Additionally, effective control and accountability must be maintained for all grant cash, real and personal property, and other assets. Accounting records must be supported by such source documentation as cancelled checks, paid bills, payrolls, time and attendance records, contract documents, grant award documents, etc.

Review of Key Terms and Conditions

20 & 21 Summary:

- a. Your accounting system must record grant expenses and revenues separately from other agency expenses and revenues.
- b. Practice good accounting and use sound business practices.



OFFICE OF JUSTICE PROGRAMS

Violence Against Women Act (VAWA) 2008

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STATE OF SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY S.T.O.P. VIOLENCE AGAINST WOMEN ACT GRANT APPLICATION

Grant #

App #

T08169

To Be Completed by Project Director**Section 1**

County Name:

00 - STATE AGENCY

Section 2

Grant Period:

October 1, 2008 to September 30, 2009

Begin:

10/1/2008

End:

9/30/2009

Section 3

Project Title:

Domestic Violence/Sexual Assault Counselor

Section 4

Section 5

Type of Application

a. Initial b. Year of Funds : 1 Other:(Specify) c. Reimbursable **Section 6**a. Organization Type : Private, Non-Profit Organization Other:(Specify) b. U. S. Congressional District 06 **Section 7**Agency DUNS number*:
(www.dunandbradstreet.com)Has your agency registered with
Central Contractor Registration (CCR)?
☒ Yes

(www.ccr.gov)

☐ NoFor **Central Contractor Registration (CCR) handbook** [click here](#).

* This data is not required to submit this application but will become necessary for federal reporting requirements if this project is awarded.

FEIN: FEIN: Agency Name Address City State

(Please use the Name/Address
above instead of this field)
Name and Address of Implementing
Agency

☒ [Check spelling](#) 10 Digit Zip

COMPLETE PAGES 2&3 BEFORE COMPLETING THIS SECTION

Section 8

BUDGET

Use whole dollars only (For example: \$1,500 not \$1,500.00)

a. BUDGET CATEGORIES	GRANTOR	AGENCY MATCH	TOTAL
Personnel	<input type="text" value="\$29,723"/>	<input type="text" value="\$7,431"/>	<input type="text" value="\$37,154"/>
Contractual Services	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Travel	<input type="text" value="\$1,128"/>	<input type="text" value="\$282"/>	<input type="text" value="\$1,410"/>
Equipment	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Renovation/Construction	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A \$0"/>
Other	<input type="text" value="\$1,693"/>	<input type="text" value="\$423"/>	<input type="text" value="\$2,116"/>
TOTAL:	<input type="text" value="\$36,544"/>	<input type="text" value="\$9,136"/>	<input type="text" value="\$45,680"/>
b. PERCENTAGE	80%	20%	

Section 9

APPROPRIATION OF NON-GRANTOR
MATCHING FUNDS

Other (Explain):

MATCHING FUNDS

CATEGORIES

GRANTOR

CASH

IN-KIND

TOTAL

PERSONNEL

SALARIES

Position Title

% of Time

On Project

Quantity

DV Counselor

100

1

\$24,000

\$6,000

\$0

\$30,000

TOTAL SALARIES:

\$24,000

\$6,000

\$0

\$30,000

EMPLOYER CONTRIBUTIONS (Fringe Benefits)

Social Security & Medicare (FICA)

\$1,836

\$459

\$0

\$2,295

Retirement

\$2,472

\$618

\$0

\$3,090

Worker's Compensation Insurance

\$1,015

\$254

\$0

\$1,269

Unemployment Insurance (on first \$7,000 only)

\$400

\$100

\$0

\$500

Health Insurance

\$0

\$0

\$0

\$0

Dental Insurance

\$0

\$0

\$0

\$0

Pre-Retirement Death Benefit

\$0

\$0

\$0

\$0

Accident Death Benefit (Police Officers)

\$0

\$0

\$0

\$0

Other Employer Contributions (Itemize)

\$0

\$0

\$0

\$0

TOTAL EMPLOYER CONTRIBUTIONS:

\$5,723

\$1,431

\$0

\$7,154

TOTAL PERSONNEL:

\$29,723

\$7,431

\$0

\$37,154

CONTRACTUAL SERVICES:

(Itemize - DO NOT include professional fees for doctors, psychologists, etc.)

<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
----------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------

Add New

TOTAL CONTRACTUAL SERVICES	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
-----------------------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------

TRAVEL:

(Itemize-include mileage, airline cost, lodging, per diem, parking, car rental)

Mileage 2022 x .445	<input type="text" value="\$720"/>	<input type="text" value="\$180"/>	<input type="text" value="\$0"/>	<input type="text" value="\$900"/>
---------------------	------------------------------------	------------------------------------	----------------------------------	------------------------------------

Lodging \$70 per night	<input type="text" value="\$280"/>	<input type="text" value="\$70"/>	<input type="text" value="\$0"/>	<input type="text" value="\$350"/>
------------------------	------------------------------------	-----------------------------------	----------------------------------	------------------------------------

Per Diem \$32.00	<input type="text" value="\$128"/>	<input type="text" value="\$32"/>	<input type="text" value="\$0"/>	<input type="text" value="\$160"/>
------------------	------------------------------------	-----------------------------------	----------------------------------	------------------------------------

Add New

TOTAL TRAVEL:	<input type="text" value="\$1,128"/>	<input type="text" value="\$282"/>	<input type="text" value="\$0"/>	<input type="text" value="\$1,410"/>
----------------------	--------------------------------------	------------------------------------	----------------------------------	--------------------------------------

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MATCHING FUNDS

CATEGORIES

GRANTOR CASH

IN-KIND

TOTAL

EQUIPMENT (\$1,000 or more per Unit):

(Itemize - DO NOT USE BRAND NAME. - Also, DO NOT include leased or rented items)

ITEM

QUANTITY

Computer System

1

\$4,000

\$1,000

\$0

\$5,000

Add New

TOTAL EQUIPMENT:

\$4,000

\$1,000

\$0

\$5,000

RENOVATIONS/CONSTRUCTION: (Describe)

Add New

TOTAL RENOVATIONS/CONSTRUCTIONS:

N/A

N/A

N/A

N/A

Other (Itemize)

Desk and Chair

\$560

\$140

\$0

\$700

Beeper

\$205

\$51

\$0

\$256

Cellular Phone

\$288

\$72

\$0

\$360

Office Supplies

\$240

\$60

\$0

\$300

Training Registration Fees

\$400

\$100

\$0

\$500

Add New

TOTAL OTHER:

\$1,693

\$423

\$0

\$2,116

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BUDGET NARRATIVE

List items under each Budget Category heading. Explain exactly how each item in your budget (both grantor and match) will be utilized. It is important that the necessity of these items, as they relate to the operation of the project, be established. Dollar amounts DO NOT have to be provided.

PERSONNEL CATEGORY

The salary and fringe benefits will used to fund a DV Counselor to provide intake and counseling for victimns of domestic abuse.

TRAVEL CATEGORY

Mileage- estimated mileage of 3,000

These miles will be traveled to carry out the duties of the DV Counselor and to go to any training courses offered to enhance the job.

Lodging and Per Diem- As needed with prior approved training courses for the DV Counselor.

EQUIPMENT CATEGORY

Computer System: 1 Laptop Computer and printer to allow the DV Counselor to access files and prepare necessary paperwork required. (Includes Monitor, Speakers, Cables, etc.)

OTHER CATEGORY

Desk and Chair: to be used by the DV Counselor.

Beeper: to be used by the DV Counselor when on call.

Cellular Phone Service: to be used by the DV Counselor while out of the office.

Office Supplies: for example, pens, paper, ink cartridges, pencils, folders, calendars, staple gun, staples, diskettes, hole punch, etc.



OFFICE OF JUSTICE PROGRAMS

Victims Of Crime Act (VOCA) 2007

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BUDGET NARRATIVE (Continued)

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GRANT NO.

Page 6

ACCEPTANCE OF AUDIT REQUIREMENTS

PLEASE NOTE: State Agencies whose annual audit is covered by the State Auditor's office do not have to complete this form.

We agree to have an audit conducted in compliance with OMB Circular A-133, whichever is applicable. If a compliance audit is not required, at the end of each audit period we will certify in writing that we have not expended the amount of federal funds that would require a compliance audit (\$500,000). If required, we will forward for review and clearance a copy of the completed audit(s), including the management letter if applicable, to:

Stephen Fulmer, Manager
Accounting - Grants
S.C. Department of Public Safety
P.O. Box 1993
Blythewood, SC 29016

The following is information on the next organization-wide audit which will include this agency: (Use your Agency's fiscal year)

1. *Audit Period: Beginning Ending 2. Audit will be submitted to Accounting - Grants by:

(Date)

NOTE: The audit or written certification must be submitted to Accounting - Grants, S.C. Department of Public Safety, no later than the ninth month after the end of the audit period.

Additionally, we have or will notify our auditor of the above audit requirements prior to performance of the audit for the period listed above. We will also ensure that, if required, the entire grant period will be covered by a compliance audit which in some cases will mean more than one audit must be submitted. We will advise the auditor to cite **specifically** that the audit was done in accordance with OMB Circular A-128 or OMB A-133 or in compliance with generally accepted accounting principles in accordance with the Government Auditing Standards, whichever is applicable.

Any information regarding the OMB Circular audit requirements will be furnished by Accounting - Grants, S.C. Department of Public Safety, upon request.

***NOTE: The Audit Period is the organization's fiscal or calendar year to be audited.**

Failure to complete this form will result in your grant award being delayed and/or cancelled.

VICTIMS OF CRIME ACT GRANT CERTIFICATIONS

NOTE: THE GRANT CERTIFICATIONS MUST BE SUBMITTED WITH GRANT APPLICATION

GRANT NO.

CERTIFICATION BY PROJECT DIRECTOR *

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that the receipt of grantor funds through the State Funding Agency will not supplant state or local funds.

(Please use the distinct
name fields below) Name:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Agency:

Mailing Address

City:

State:

10 Digit Zip:

Phone Number:

Fax Number:

E-Mail Address:

Signature:

Bonded: ☐ No

CERTIFICATION BY FINANCIAL OFFICER *

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Financial Officer as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that the receipt of grantor funds through the State Funding Agency will not supplant state or local funds.

(Please use the distinct
name fields below) Name:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Agency:

Mailing Address

City:

State:

10 Digit Zip:

Phone Number:

Fax Number:

E-Mail Address:

Signature:

Bonded: ☐ No

☐ Yes

CERTIFICATION BY OFFICIAL AUTHORIZED TO SIGN *

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that the receipt of grantor funds through the State Funding Agency will not supplant state or local funds.

The Omnibus Appropriations Act of 1996 requires that subgrantees provide assurance that subgrant funds will not be used to supplant or replace local or state funds or other resources that would otherwise have been available for law enforcement and/or criminal justice activities. In compliance with that mandate, I certify that the receipt of federal funds through the State Funding Agency shall in no way supplant or replace state or local funds or other resources that would have been made available for law enforcement and/or criminal justice activities.

(Please use the distinct
name fields below) Name:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Agency:

Mailing Address

City:

State:

10 Digit Zip:

Phone Number:

Fax Number:

E-Mail Address:

Signature:

Bonded: ☐ No

Office of Justice Programs

Available Grant Programs



<u><i>Grant Program</i></u>	<u><i>Application Due Date</i></u>	<u><i>Anticipated Award</i></u>	<u><i>Approx. award date</i></u>	<u><i>Grant period</i></u>
VOCA	February 25, 2011	\$6m	June 2011	July 1, 2011 to June 30, 2012
SVAP	May 18, 2011	\$500,000	Sept 2011	Oct 1, 2011 to Sept 30, 2012
VAWA	May 18, 2011	\$2m	Sept 2011	Oct 1, 2011 to Sept 30, 2012

**PLEASE REMEMBER TO COMPLETE
THE WORKSHOP EVALUATION IN
YOUR PACKET**

**ALL COMMENTS AND SUGGESTIONS
ARE WELCOME**